



Development Services Department
60 Snyder's Road West
Baden, ON N3A 1A1
519-634-8444
planning@wilmot.ca
www.wilmot.ca/planning

Application Number: _____

Date Received: _____

**APPLICATION FOR
HAWKERS AND PEDLARS OR SPECIFIC
LOCATION DAILY SALES LICENSE**

SUBMISSION REQUIREMENTS

- 1 copy of the completed application form.
- Police Records Report
- License fee: (<https://www.wilmot.ca/en/doing-business/Planning-Fees.aspx>)

1. LICENSE REQUEST

- | | |
|--|--|
| <input type="checkbox"/> Hawkers and Pedlars License | <input type="checkbox"/> Specific Location Daily Sales License |
| <input type="checkbox"/> Wilmot resident | <input type="checkbox"/> 5 day |
| <input type="checkbox"/> Non-resident | <input type="checkbox"/> Annual maximum |

2. APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone number: _____

Email Address: _____

3. PROPERTY OWNER (Specific Location Daily Sales only)

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone number: _____

Email Address: _____

4. PROPERTY DESCRIPTION (Specific Location Daily Sales only)

Lot: _____ Concession: _____ Block: _____

Registered Plan: _____ Lot(s): _____ Block(s): _____

Reference Plan: _____ Part(s): _____

Street Address: _____

Date(s) of Sale: _____

6. PROPOSAL

Please provide a brief but complete description of proposed activity:

7. AUTHORIZATION OF OWNER (Specific Location Daily Sales)

I/We, _____
owner of the land that is the subject of this application for a specific location daily sales license,
hereby authorize _____
to make this application on my/our behalf.

Signature of Owner

Date

Signature of Owner

Date

8. CERTIFICATION OF APPLICANT

I, _____, hereby certify that the
information contained in this application as well as any accompanying documents is true.

Signature of Applicant

Date